

No. 2
-2-43
17-39-10
X33697

WHITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Ray
 (b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution...
(Specify whether)
 In this community...
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ray
 (c) City or town Richmond
(If outside city or town limits, write "RURAL")
 (d) Street No. 103 Grandview St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country...

3. (a) PRINT FULL NAME James Harry Sifers
 3. (b) If veteran, name war No 3. (c) Social Security No. _____
 4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ruth E. Sifers
 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased Aug. 26. 1888
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 12 year 1943 hour 30 minute P. M.
 21. I hereby certify that I attended the deceased from Sept 1, 1943 to Nov. 7, 1943
 that I last saw him alive on Nov. 7, 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
55 2 12 hr. min.

Immediate cause of death Uremic Poisoning
 Due to Chronic Bright's disease
 Due to...
 Other conditions...
(Include pregnancy within 3 months of death)

9. Birthplace LaCygne Kansas
(City, town, or county) (State or foreign country)
 10. Usual occupation Postal clerk

11. Industry or business...
 12. Name Harvy Sifers
 13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Martha Huett
 15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

Major findings: Of operations 131 R
 Of autopsy...
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Harry Sifers
 (b) Address Richmond Mo.
 17. (a) Burial (b) Date thereof Nov. 9. 1943
* (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Richmond Mo.
 18. (a) Signature of funeral director [Signature]
 (b) Address Richmond Mo.
 19. (a) Nov 8 1943 (b) _____
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature [Signature] (M. D. or other)
 Address Richmond Mo Date signed Nov 6 1943

1280

RECEIVED

District Health Officer No. 3,

11-11-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~###~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *E. Sherman*

Licensed Embalmer No. 2073.....

P. O. Address..... Richmond Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 297

Primary Registration District No. 3857

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME James A. Seifer

3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ Years

7. Birth date of deceased Aug 26 1943
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days _____ Unless than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Kan

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Nov 8 43 (Date received local registrar) (b) Mrs. Chas W. Sheppard (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year 1943 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

35577

DEC 17 1959